

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

ADDRESS (number and street) ▼

2300 REXWOODS DRIVE SUITE 340

☐ Check if different than previously reported. (ACC)

RALEIGH

NC

27607

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00235184

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☒ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
04 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer AMY M. CAVE

Signature of Treasurer

AMY M. CAVE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 12 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">35880.21</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">34605.07</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">6200.85</span>	<span style="border: 1px solid black; padding: 2px;">55766.70</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">40805.92</span>	<span style="border: 1px solid black; padding: 2px;">91646.91</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">1989.18</span>	<span style="border: 1px solid black; padding: 2px;">52830.17</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">38816.74</span>	<span style="border: 1px solid black; padding: 2px;">38816.74</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">770.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		0	1		2	0	1	6		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	6		

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5200.00

26825.00

(ii) Unitemized .....

400.00

28340.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

5600.00

55165.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

600.00

600.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

6200.00

55765.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.85

1.70

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)).....▶

6200.85

55766.70

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

6200.85

55766.70

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	489.18	2825.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	489.18	2825.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	205.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	1500.00	49800.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1989.18	52830.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1989.18	52830.17

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6200.00	55765.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6200.00	55765.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	489.18	2825.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	489.18	2825.17

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC**

Full Name (Last, First, Middle Initial)

## **A. JAN ARCHER**

Mailing Address 515 SHELLEY DRIVE

City State Zip Code  
 GOLDSBORO NC 27534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 ARCHER FARMS LLC

Occupation  
 PRODUCER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2016

Transaction ID : SA11Al.16226

Amount of Each Receipt this Period

600.00

☐ Memo Item

SPORTING CLAY FEES

Full Name (Last, First, Middle Initial)

## **B. BRANDON COX**

Mailing Address 10524 BUFFALO ROAD

City State Zip Code  
 CLAYTON NC 27527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 ALLTECH ASSOCIATES INC.

Occupation  
 TERRITORY SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2016

Transaction ID : SA11Al.16219

Amount of Each Receipt this Period

600.00

☐ Memo Item

SPORTING CLAY FEES

Full Name (Last, First, Middle Initial)

## **C. BRANDON COX**

Mailing Address 10524 BUFFALO ROAD

City State Zip Code  
 CLAYTON NC 27527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 ALLTECH ASSOCIATES INC.

Occupation  
 TERRITORY SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2016

Transaction ID : SA11Al.16220

Amount of Each Receipt this Period

600.00

☐ Memo Item

SPORTING CLAY FEES

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

Full Name (Last, First, Middle Initial)

**A. GARLAND PARKER**

Mailing Address 675 GORDON ROAD

City  
CLAYTONState Zip Code  
NC 27520FEC ID number of contributing  
federal political committee.

C

Name of Employer

HUVEPHARMA

Occupation

SENIOR ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 19 / 2016

Transaction ID : SA11Al.16223

Amount of Each Receipt this Period

600.00

☐ Memo Item

SPORTING CLAY FEES

Full Name (Last, First, Middle Initial)

**B. LAWRENCE PARKS**

Mailing Address 108 WISTERIA CT

City  
WALLACEState Zip Code  
NC 28466FEC ID number of contributing  
federal political committee.

C

Name of Employer

L.L. PARKS LIVESTOCK

Occupation

CEO-OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2016

Transaction ID : SA11Al.16235

Amount of Each Receipt this Period

500.00

☐ Memo Item

AUCTION

Full Name (Last, First, Middle Initial)

**C. JAMIE POPE**

Mailing Address 212 DEER TRACK TRAIL

City  
CLINTONState Zip Code  
NC 28328FEC ID number of contributing  
federal political committee.

C

Name of Employer

APC COMPANY

Occupation

REGIONAL SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2016

Transaction ID : SA11Al.16227

Amount of Each Receipt this Period

600.00

☐ Memo Item

SPORTING CLAY FEES

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC**

Full Name (Last, First, Middle Initial)

**A. DAVID RAY**

Mailing Address 1108 MACEDONIA RD.

City  
EDENTON

State  
NC

Zip Code  
27932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SMITHFIELD HOG PRODUCTION

Occupation

DIRECTOR OF PRODUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2016

Transaction ID : SA11Al.16221

Amount of Each Receipt this Period

200.00

☐ Memo Item

SPONSOR

Full Name (Last, First, Middle Initial)

**B. DAVID RAY**

Mailing Address 1108 MACEDONIA RD.

City  
EDENTON

State  
NC

Zip Code  
27932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SMITHFIELD HOG PRODUCTION

Occupation

DIRECTOR OF PRODUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2016

Transaction ID : SA11Al.16222

Amount of Each Receipt this Period

600.00

☐ Memo Item

SPORTING CLAY FEES

Full Name (Last, First, Middle Initial)

**C. ROY ROBERTSON**

Mailing Address PO BOX 14789

City  
RALEIGH

State  
NC

Zip Code  
27620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AGCAROLINA FARM CREDIT

Occupation

SR. VP CORPORATE LENDING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2016

Transaction ID : SA11Al.16225

Amount of Each Receipt this Period

600.00

☐ Memo Item

SPORTING CLAY FEES

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1400.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC**

<b>A. CODY THOMPSON</b> Full Name (Last, First, Middle Initial) Mailing Address 451 AGNES DRIVE City TONTITOWN State AR Zip Code 72770 FEC ID number of contributing federal political committee. C Name of Employer CLEAR VIEW ENTERPRISES Occupation MID ATLANTIC REGIONAL MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 31 / 2016 <b>Transaction ID : SA11AI.16237</b> Amount of Each Receipt this Period 300.00 <input type="checkbox"/> Memo Item SPORTING CLAY FEES
<b>B.</b> Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period <input type="checkbox"/> Memo Item
<b>C.</b> Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period <input type="checkbox"/> Memo Item
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		300.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶		5200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 15

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC**

<b>A. NC FARM BUREAU PAC INC</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 27766 City RALEIGH State NC Zip Code 27611 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 06 / 2016 <b>Transaction ID : SA11C.16240</b> Amount of Each Receipt this Period 600.00 <input type="checkbox"/> Memo Item SPORTING CLAY FEES
<b>B.</b> Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period <input type="checkbox"/> Memo Item
<b>C.</b> Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period <input type="checkbox"/> Memo Item
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		600.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶		600.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

Full Name (Last, First, Middle Initial)

**A. EXPRESS MERCHANT PROCESSING SOLUTIONS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address P.O. BOX 660

City	State	Zip Code
HAGERSTOWN	MD	21740

**Transaction ID : SB21B.16231**Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

465.18
--------

☐ Memo Item

Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

--

☐ Memo Item

Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

--

☐ Memo Item

Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

465.18
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465.18
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN SZOKA FOR NC HOUSE**

Mailing Address 1610 HICKORY RIDGE CT.

City	State	Zip Code
FAYETTEVILLE	NC	28304

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JOHN SZOKA**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 45

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2016

**Transaction ID : SB29.16234**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NEWTON FOR SENATE**

Mailing Address P.O. BOX 146

City	State	Zip Code
MOUNT PLEASANT	NC	28124

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**PAUL NEWTON**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2016

**Transaction ID : SB29.16233**

Amount of Each Disbursement this Period

500.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00
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1500.00
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**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 13 OF 15

FOR LINE NUMBER:  
(check only one)☒ 9  
☐ 10

NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ANGIE MAIER

Nature of Debt (Purpose):  
AUCTION

Mailing Address 1324 RODESSA RUN

City State

RALEIGH

Zip Code

NC

27607

Outstanding Balance Beginning This Period

50.00

Transaction ID : SD9.15718

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RONNIE MATTHIS

Nature of Debt (Purpose):  
RAFFLE TICKET

Mailing Address 2175 UNION SCHOOL ROAD

City State

CLINTON

Zip Code

NC

28328

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD9.16189

Amount Incurred This Period

0.00

Payment This Period

100.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THOMAS NEESE JR.

Nature of Debt (Purpose):  
RAFFLE TICKET

Mailing Address 1003 PEBBLE DRIVE

City

GREENSBORO

State

NC

Zip Code

27410

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD9.15543

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

1) SUBTOTALS This Period This Page (optional)..... ►

150.00

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 14 OF 15

FOR LINE NUMBER:  
(check only one)☒ 9  
☐ 10

NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**LAWRENCE PARKS**Nature of Debt (Purpose):  
AUCTION

Mailing Address 108 WISTERIA CT

City State

WALLACE

Zip Code

NC

28466

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD9.16183

Amount Incurred This Period

0.00

Payment This Period

500.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ERIC SPELL**Nature of Debt (Purpose):  
GOLF FEES

Mailing Address 102 FOX HOLLOW DR

City State

CLINTON

Zip Code

NC

28328

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD9.14377

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ERIC SPELL**Nature of Debt (Purpose):  
MULLIGANS/RED TEES

Mailing Address 102 FOX HOLLOW DR

City

CLINTON

State

NC

Zip Code

28328

Outstanding Balance Beginning This Period

40.00

Transaction ID : SD9.14378

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

40.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

540.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 15 OF 15

FOR LINE NUMBER:  
(check only one)☒ 9  
☐ 10

NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ERIC SPELL**

Nature of Debt (Purpose):

CLOSEST TO THE PIN SHOT

Mailing Address 102 FOX HOLLOW DR

City State

CLINTON

Zip Code

NC

28328

Outstanding Balance Beginning This Period

80.00

Transaction ID : SD9.14379

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

80.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CODY THOMPSON**

Nature of Debt (Purpose):

SPORTING CLAY FEES

Mailing Address 451 AGNES DRIVE

City State

TONTITOWN

Zip Code

AR

72770

Outstanding Balance Beginning This Period

300.00

Transaction ID : SD9.15700

Amount Incurred This Period

0.00

Payment This Period

300.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

80.00

2) **TOTALS** This Period (last page this line number only)..... ►

770.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

770.00